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Atty. Dkt. No. 15-XZ-4974 (70191/195)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Richard Aufrichtig et al.

Title: CORRECTION OF DEFECTIVE  
PIXELS IN A DETECTOR

Appl. No.: Unknown

Filing Date: Unknown

Examiner: Unknown

Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.	
EL529676391US (Express Mail Label Number)	12-29-1999 (Date of Deposit)
SANDRA MURPHY (Printed Name)	
Sandra Murphy (Signature)	

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Assistant Commissioner for Patents  
Box PATENT APPLICATION  
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Richard Aufrichtig  
Ping Xue  
Kenneth Scott Kump

Enclosed are:

- ☒ [ X ] Specification, Claim(s), and Abstract (16 pages).
- ☒ [ X ] Informal drawings (6 sheets, Figures 1-9).
- ☒ [ X ] Declaration and Power of Attorney (6 pages).
- ☒ [ X ] Assignment of the invention to GE Medical Systems Global Technology Company, LLC.
- ☒ [ X ] Assignment Recordation Cover Sheet.
- ☐ [ ] Check in the amount of \$40.00 for Assignment recordation.
- ☐ [ ] Small Entity statement.
- ☐ [ ] Information Disclosure Statement.

☐ Form PTO-1449 with copies of \_\_\_ listed reference(s).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$690.00	\$690.00
Total Claims:	28	20	= 8	x \$18.00	= \$144.00
Independents:	3	3	= 0	x \$78.00	= \$0.00
If any Multiple Dependent Claim(s) present:			+ \$260.00	=	\$0.00
			SUBTOTAL:	=	\$834.00
<input type="checkbox"/> Small Entity Fees Apply (subtract 1/2 of above):			=		\$0.00
			TOTAL FILING FEE:	=	\$834.00

- ☐ A check in the amount of -0- to cover the filing fee is enclosed.
- ☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- ☒ The Assistant Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-0845. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Assistant Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-0845.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 12/29/1999

By Katherine D. Lee

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